| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003                 |  |   |                                   |                                      |                  |                                     |         |               | Application or Docket Number |           |                |  |
|---|--|---|-----------------------------------|--------------------------------------|------------------|-------------------------------------|---------|---------------|------------------------------|-----------|----------------|--|
|   |  |   |                                   |                                      |                  |                                     |         |               | 10/829,018                   |           |                |  |
| _   |  | CLAIMS A                                  | AS FILED<br>(Çolum                |                                      |                  |                                     |         | SMALL<br>TYPE | ENTITY                       | OF        |                | R THAN<br>ENTITY                                 |
| Ţ   | OTAL CLAIM                                     | S   | 14                                |                                      |                  |                                     | 1       | RATE          | FEE                          | 7         | RATE           | FEE  |
| F   | OR   | NUMBE                                     | R FILED                           | NUMBER EXTRA                         |                  |                                     | BASIC F | EE 385.0      | OF                           | BASIC FEI | <del></del>    |  |
| T   | OTAL CHARGE                                    | 4 minus 20=                               |                                   | •                                    |                  |                                     | XS 9=   |               | OF                           | X\$18=    |                |  |
| INDEPENDENT CLAIMS  |  |   | minus 3 =                         |                                      |                  |                                     |         | X43=          | 1                            | OR        | Yes            | <del>                                     </del> |
| M   | JLTIPLE DEPE                                   | NDENT CLAIM F                             | PRESENT                           | <u> </u>                             |                  |                                     |         |               |                              |           |                |  |
| • 1   | the differenc                                  | e in column 1 is                          | less than zero, enter "0" in colu |                                      |                  | column 2                            |         | TOTAL         |                              | OR        | L              |  |
|   | CLAIMS AS AMENDED - PART II                    |   |                                   |                                      |                  |                                     |         |               | - [43                        |           |                | THAN   |
|   |  | (Column 1)                                |                                   | (Column 2) (Column                   |                  |                                     | ٠.      | SMALI         | ENTITY                       | OR        | OTHER<br>SMALL |  |
| AMENDMENT A   | 11/2/06  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                   | HIGHI<br>NUME<br>PREVIO<br>PAID F    | BER<br>USLY      | PRESENT<br>EXTRA                    |         | RATE          | ADDI-<br>TIONAI<br>FEE       | ]         | RATE           | ADDI-<br>TIONAL<br>FEE                           |
|   | Total  | • 4.                                      | Minus                             | - 20                                 |                  | 2                                   |         | X\$ 9=        |                              | OR        | X\$18=         |  |
|   | Independent                                    | · /                                       | Minus                             | 3                                    |                  | =                                   | 1       | X43=          | 1.                           | OR        | X86=           |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                   |                                      |                  | 4                                   |         | +145=         |                              | OR        | +290=          |  |
|   |  |   |                                   |                                      | •                | 1                                   | Ĺ       | TOTAL         | _                            |           | TOTAL          |  |
|   | (Column 1) (Column 2) (Column 3                |   |                                   |                                      |                  |                                     |         | ODIT. FEE     | = 4                          |           | addit. Fee     | •  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                   | MIGHE<br>NUMB<br>PREVIO<br>PAID F    | ER<br>USLY       | PRESENT<br>EXTRA                    |         | RATE          | ADDI-<br>TIONAL<br>FEE       |           | RATE           | ADDI-<br>TIONAL<br>FEE                           |
|   | Total  | •   | Minus                             | **                                   |                  |                                     |         | X\$ 9=        |                              | OR        | X\$18=         |  |
|   | Independent                                    | *   | Minus                             | ***                                  |                  |                                     |         | X43=          |                              | OR        | X86=           |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                   |                                      |                  |                                     |         |               |                              | OR        | +290=          |  |
|   |  |   |                                   |                                      |                  |                                     | L       | TOTAL         |                              | 1,        | TOTAL          | •  |
|   | (Column 1) (Column 2) (Column 3)               |   |                                   |                                      |                  |                                     |         |               |                              | J., /     | ADDIT. FEEL    | - <del>.</del>                                   |
| AMENDMENT C   | `  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                                 | HIGHE<br>NUMBE<br>PREVIOL<br>PAID FO | ST<br>ER<br>ISLY | PRESENT<br>EXTRA                    | Γ       | RATE          | ADDI-<br>TIONAL<br>FEE       |           | RATE           | ADDI-<br>TIONAL<br>FEE                           |
|   | Total  | •   | Minus                             | **                                   |                  | = .                                 | 1       | X\$ 9=        | <u> </u>                     | OR        | X\$18=         |  |
| JAE L   | Independent                                    |   | Minus                             | ***                                  |                  |                                     | H       | X43=          |                              |           | X86=           |  |
| 1   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                   |                                      |                  |                                     |         | 7735          |                              | OR        | 7003           |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                   |                                      |                  |                                     |         |               |                              |           | +290=          |  |
| п   | the "Highest Nur<br>the "Highest Nur           | · AD                                      | TOTAL<br>DIT. FEE                 |                                      | OR A             | TOTAL<br>DDIT. FEE                  |         |               |                              |           |                |  |
| T   | he "Highest Num                                | ber Previously Paid                       | For (Total or                     | Independent                          | is the h         | ਹ, ਚਾਪੜਾ ਹੈ.<br>lighest number<br>' | found   | in the ap     | propriate bo                 | in colu   | mn 1.          |  |